DEPARTMENT OF SOCIAL SERVICES

744 P Street, MS 19-31 Sacramento, CA 95814 (916) 322-3778

July 25, 1984

ALL COUNTY INFORMATION NOTICE NO. 1-70-84

TO:

All Public and Private Adoption Agencies

All Department of Social Services District Offices

SUBJECT:

"Waiting Child" Program

The "Waiting Child" Program, a feature presented weekly on KXTV, Channel 10, in cooperation with the State Department of Social Services, is approaching its third birthday. Because of your cooperation and many contributions, "Waiting Child" has enjoyed a remarkable success rate, placing approximately 78 percent of all eligible children in adoptive homes.

Attached you will find a revised referral form for the "Waiting Child" Program and the Criteria for Selection.

Please review the Criteria for Selection before completing the referral form and complete one form for each child. The information you provide will help us to present the child on "Waiting Child" in a positive manner so please use descriptive terms whenever possible and provide as much detail as you are able.

The inclusion of a photograph of the child or sibling group would be helpful. Please add any miscellaneous information, i.e., geographic limitations on placement, special conditions, medical information, etc., on the back of the form.

If you have any questions or concerns, please do not hesitate to call Joan Hirose at (916) 423-0580 or Lee Stolmack at (916) 324-8042.

Thank you for your cooperation in this matter. We trust that our mutual efforts will benefit children placed through the "Waiting Child" Program.

Deputy Director

Adult and Family Services Division

Attachments

cc: CWDA

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		Date Recd.	
WAI	TING CHILD REFERRAL QUESTIONNAIRE	File No.	
	· ·	For DSS use only	
	Referring Agency	Contact Person	
		() Telephone Number	B
1.	Child's Name:	6. Grade in School:	
2.	Date of Birth:	7Single Child	
3.	Race/Ethnicity:	Sibling Group of(numb	er)
4.	Sex:	Placement with Sib Group Required	
5.	Legal Status:	-	

Is the child a court dependent? If yes, will court approval be obtained?

9. Length of time in foster care, including number of foster homes, time in present home, success of adjustment.

10. Briefly summarize any previous placements.

11.	Please provide any relevant information on natural parents (i.e., nationality, height, weight, coloring, education, child's relationship to them and/or any other significant relatives).
	Are the natural parents or any other significant relatives in the area? Please specify the future relationship between the relatives and the child.
12.	Please provide a description of the child's personality and temperament, including both strengths and weaknesses.
	What activities does the child consider fun?
13.	Describe the type of home and family this child needs and wants.
	Single Parent OK?MaleFemale
14.	Please suggest any activities or locations that might enhance the television presentation of this child. Are there any particular locations or activities that would be inappropriate for this child?

CRITERIA FOR SELECTION FOR REFERRAL

TELEVISION PUBLIC SERVICE ANNOUNCEMENTS

Child must

- be freed from all parents and ready for placement for adoption or have parental and court approval to be featured on television

- not be the object of any type of action (legal or otherwise), by a

parent who is trying to regain custody of the child

- be a hard-to-place/special needs child

- be willing to consent to participate in the program, if at an age at which such consent would be appropriate. If a dependent of the court, the court should be willing to consent to the child's participation in the program
- be able to accept the possibility that a home might not be found as a result of the television presentation

- not be in a fos-adopt home

IF THE CHILD IS A COURT DEPENDENT, JUVENILE COURT APPROVAL FOR FILMING IS REQUIRED. THIS APPROVAL MAY EITHER BE WRITTEN OR VERBAL.

Child should

- exemplify or be typical of a larger group of children under the agency's care
- be a child who probably would not be placed for adoption without media exposure
- be in a situation in which foster parents and social worker are supportive of participation in the program